

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received
MAR 02 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-2016-01
Date: 4-26-16
Amount Paid: \$985
Refund: 4-26-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Mark Mackey	Mailing Address: 26980 Carlson Rd	City/State/Zip: Ashland WI 54806	Telephone:
Address of Property: 26980 Carlson Rd	City/State/Zip: Ashland WI 54806	Cell Phone: 715-391-0614	Plumber Phone:
Contractor:	Contractor Phone:	Plumber: 164	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: S2 1/4, S2 1/4	Legal Description: (Use Tax Statement)	PIN: (25 digits) 04-020-0-11-05-11-14 04-000-10000	Recorded Document (i.e. Property Ownership) Volume 1153 Page(s) 939 192
Gov't Lot	Lot(s)	CSM	Vol & Page
			00306834 000
Section 11, Township 47 N, Range 5 W	Town of: Ashland		Lot Size: 40 Acres

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure Is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure Is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$ 250K	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	(New) Sanitary Specify Type: (New) Sanitary (Exists) Specify Type: 1642	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2			
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3			
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement					
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement					
	<input type="checkbox"/> Foundation					

Existing Structure: (if permit being applied for is relevant to it)	Length: 44	Width: 40	Height: 15' 1"
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(30 X 66)	1756
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	(30 X 66)	
	with a Porch	(30 X 66)	
	with (2 nd) Porch	(30 X 66)	
	with a Deck	(12 X 33)	552
	with (2 nd) Deck	(6 X 16)	96
<input type="checkbox"/> Commercial Use	with Attached Garage	(28 X 40)	1120
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	
	Mobile Home (manufactured date)	()	
<input type="checkbox"/> Addition/Alteration (specify)		()	
<input type="checkbox"/> Accessory Building (specify)		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/> Special Use: (explain)		()	
<input type="checkbox"/> Conditional Use: (explain)		()	
<input type="checkbox"/> Other: (explain)		()	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: (If you recently purchased the property send your Recorded Deed)

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	480 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	450 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	230 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	450 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	1000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	25 Feet
Setback to Drain Field	150 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

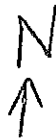
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

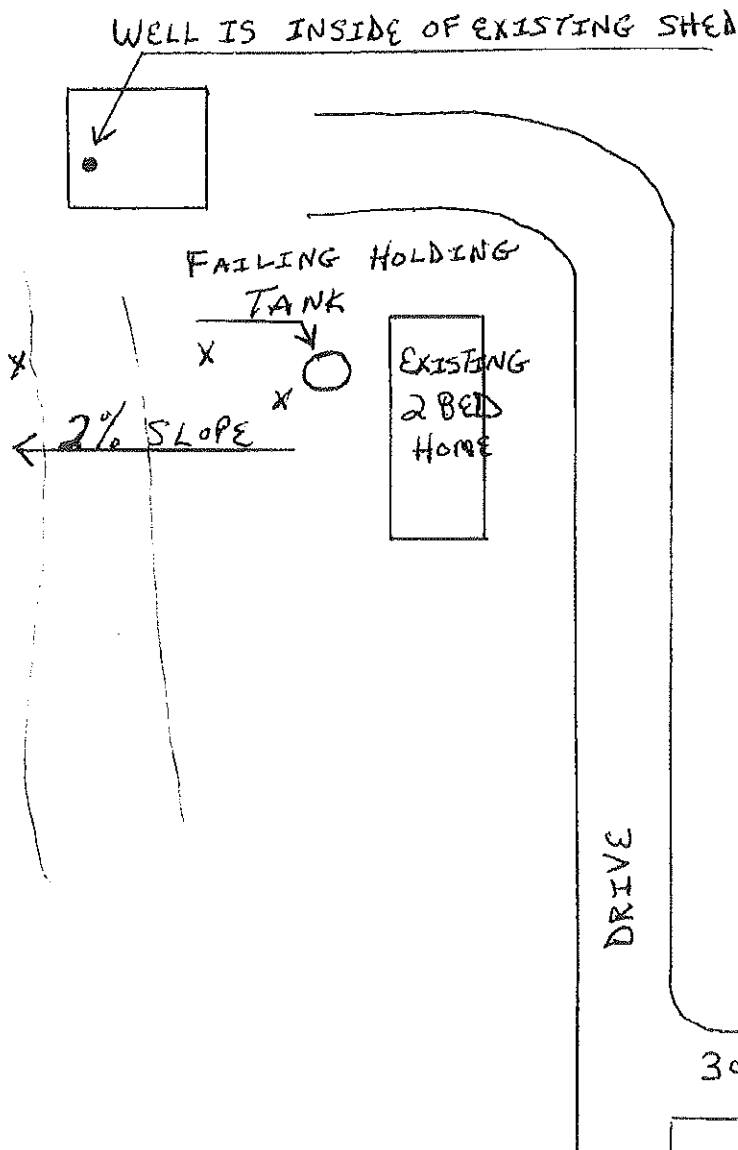
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>467347</u>	# of bedrooms: <u>—</u>	Sanitary Date: <u>10-25-05</u>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>16-00000</u>	Permit Date: <u>4-26-16</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District (Ad)		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Date of Re-Inspection: <u>4/18/16</u>		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of inspection: <u>3/24/16</u> Inspected by: <u>J. Leary</u>						
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)						
Must get UDC Permit.						
OK as per Howard Eldon.						
Signature of Inspector: <u>Jane Leary</u>					Date of Approval:	
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>					<input type="checkbox"/>	

DUFFY
SE 1/4 SE 1/4 S 11 T 47 N R 5 W
TOWN OF EILEEN



SMALL RAVINE



X- SOIL BORINGS
BY HAND ARE 18
DEEP

OPEN SITE
MAP SCALE 1" = 4'

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT		ENTERED	
BAYFIELD COUNTY, WISCONSIN			
Stamp (Received)			
APR 22 2016			
Bayfield Co. Zoning Dept.			
Permit #:	16-0076	Date:	4-29-16
Amount Paid:	\$105	Refund:	4-29-16

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jay E. Link</u>	Mailing Address: <u>30000 us Hwy 2</u>	City/State/Zip: <u>Ashland, WI 54806</u>	Telephone: <u>682-5235</u>
Address of Property: <u>30580 us Hwy 2</u>	City/State/Zip: <u>Ashland, WI 54806</u>	Contractor Phone: <u></u>	Cell Phone: <u>792-1164</u>
Contractor: <u>Tug Bowen</u>	Plumber: <u></u>	Plumber Phone: <u></u>	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jane Mathias</u>	Agent Phone: <u>292-1164</u>	Agent Mailing Address (include City/State/Zip): <u>30000 us Hwy 2 - Ashland</u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement) <u>1/4, 1/4</u>	PIN: (23 digits) <u>04-</u>	Recorded Document: (i.e. Property Owners)(p) Volume <u>1092</u> Page(s) <u>575</u>
Section <u>1</u> , Township <u>47</u> N, Range <u>5</u> W	Gov't Lot <u>3</u>	Lot(s) <u></u>	Block(s) No. <u></u>
	CSM <u></u>	Vol & Page <u></u>	Subdivision: <u></u>
		Lot Size <u></u>	Acres <u>1</u>
Town of: <u>Liben</u>			
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland			
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>83</u>		Distance Structure is from Shoreline: <u>83</u> feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: <u></u> feet	
If Yes--continue <u>→</u>		If Yes--continue <u>→</u>	
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation		# of Stories and/or basement <u></u>	
Use <u></u>		# of bedrooms <u></u>	
What Type of Sewer/Sanitary System Is on the property? <u></u>		Water <u></u>	
Length: <u>25</u> Width: <u>25</u> Height: <u>8</u>			

Value at Time of Completion * include donated time & material <u>\$40k</u>	Project <u></u>	# of Stories and/or basement <u></u>	Use <u></u>	# of bedrooms <u></u>	What Type of Sewer/Sanitary System Is on the property? <u></u>	Water <u></u>
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>25</u>	Width: <u>25</u>	Height: <u>8</u>
Proposed Construction:	Length: <u>25</u>	Width: <u>25</u>	Height: <u>8</u>
Proposed Use <input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property) <u></u>	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.) <u></u>	(<u>X</u>)	
<input type="checkbox"/> Municipal Use	with Loft <u></u>	(<u>X</u>)	
	with a Porch <u></u>	(<u>X</u>)	
	with (2 nd) Porch <u></u>	(<u>X</u>)	
	with a Deck <u></u>	(<u>X</u>)	
	with (2 nd) Deck <u></u>	(<u>X</u>)	
	with Attached Garage <u></u>	(<u>X</u>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) <u></u>	(<u>X</u>)	
	Mobile Home (manufactured date) <u></u>	(<u>25 X 25</u>)	<u>625</u>
	Addition/Alteration (specify) <u>Deck Snake house</u>	(<u>X</u>)	
	Accessory Building (specify) <u></u>	(<u>X</u>)	
	Accessory Building Addition/Alteration (specify) <u></u>	(<u>X</u>)	
Rec'd for Issuance <input type="checkbox"/>	Special Use: (explain) <u></u>	(<u>X</u>)	
APR 29 2016 <input type="checkbox"/>	Conditional User: (explain) <u>Deck & Snake house</u>	(<u>X</u>)	
	Other: (explain) <u></u>	(<u>X</u>)	

Serial Staff FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jane Mathias Date 4/21/16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Jane Mathias Date 4/21/16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 30000 us Hwy 2, Ashland, WI 54806 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	167 Feet	Setback from the Lake (ordinary high-water mark)	85 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	83 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	106 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	Feet		

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.







Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>	# of Bedrooms: _____	Sanitary Date: _____	
Permit Denied (Date): _____	Reason for Denial: _____				
Permit #: <u>16-00070</u>	Permit Date: <u>4-29-16</u>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #: _____	Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <u>05-0017</u>		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Site Partial</u>					
Date of Inspection: <u>4/28/16</u>	Inspected by: <u>STarky</u>				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
<u>OK To Start</u> <u>Contact Com. Bld. Insp. to find out if any other permits are needed</u>					
Signature of Inspector: <u>STarky</u>		Date of Approval: <u>4-29-16</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

g xog ahp

Untitled Map

Write a description for your map.

Legend

-  Ashland Lake Superior Lodge
 -  Explorer's Point Restaurant
 -  Feature 1
 -  Feature 2
 -  Toronto, Ontario, Canada
 -  WHITTLESEY CREEK NATIONAL WILDLIFE REFUGE
- * Building on parking lot only !!*



Google earth

© SPOT IMAGE
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© USFWS

100 ft